									Application					
PATENT APPLICATION SEE DETERMINATION SECON								_			on or Docket Number			
Effective October 1, 2003)	0007975-0055/cir- 3552-1-D					
CLAIMS AS FILED - PART I (Column 1) (Column 2)										אדודץ	OR	OTHE	R THAN ENTITY	
T	OTAL CLAIMS	3	15					RATE FEE		FEE	7			
FOR			NUMBER FILED		NUMBER EXTRA						-	RATE	FEE	
TOTAL CHARGEABLE CLAIMS			/5 minus 20=		*					385.00	OR	BASIC FEE	770.00	
INDEPENDENT CLAIMS			/ minus 3 =		*			X\$ 9=			OR	X\$18=		
⊢		NDENT CLAIM F			L			X43=			OR	X86=		
<u> </u>						+145			=		OR	+290=		
* (1	the difference	e in column 1 is	less than zero, enter "0" in column 2					TOTA	L	385	OR	TOTAL		
CLAIMS AS AMENDED - PART II												OTHER		
	r —	(Column 1)	 	(Colun	_		1 1	SMAL		NTITY	OR	SMALL		
Y Y		REMAINING AFTER		PREVIO	ER .	PRESENT EXTRA		RATE		ADDI- TIONAL		RATE	ADDI- TIONAL	
AMENDMENT	Tatal	AMENDMENT		PAID						FEE			FEE	
ENO	Total Independent	• 15	Minus	** 2		=		X\$ 9=	\perp		,OR	X\$18=	/	
¥	FIRST PRESENTATION OF ML			Minus *** 2		=	X4		1	/	OR	X86=/		
ــــــــــــــــــــــــــــــــــــــ	11107771200		·	THE DEFENDENT				+145=	T	7	OR	+290=		
interior land								TOTA	_			TOTAL		
/((Column 1) (Column 2) (Column 3)							VDDIT. FE	E			ADDIT. FEE		
_	(/ CLAIMS		HIGHE						ADDI-	F		ADDI	
418		REMAINING AFTER AMENDMENT		PREVIO	USLY	PRESENT EXTRA	╽╽	RATE		TIONAL FEE		RATE	ADDI- TIONAL	
ME				PAID F					╀		1		FEE	
AMENDMENT	Total	· 28	Minus	** 2	2	= 8		X\$ 9=	L	7Z	OR	X\$18=		
AM	Independent FIRST PRESE	* 3 NTATION OF MU	Minus	PENDENT	CLAIM	-		X43=	L		OR	X86=		
			72 02 02.	BIOCITY	05/1111	<u> </u>		+145=	Τ		OR	+290=		
							L	TOTAL		72	OR ,	TOTAL		
									L	12	OH ,	DDIT. FEE		
1	`	(Column 1) CLAIMS		(Colum HIGHE		(Column 3)	_							
7		REMAINING AFTER		NUMB PREVIOU	ER	PRESENT EXTRA		RATE		ADDI- IONAL	I	RATE	ADDI- TIONAL	
		AMENDMENT	· · · · ·	PAID F		EXIA	L	TVIE		FEE	L	TATE	FEE	
AMENDMENT	Total	*	Minus	##		= ,		X\$ 9=			OR	X\$18=		
ME.	Independent	*	Minus	***		=		X43=	t	 -1		X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											OR	7002		
												+290=	i	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***OIT FEE												TOTAL DDIT. FEE		
11 T	the "Highest Num he "Highest Num	nber Previously Pa ber Previously Paid	io For IN THI: I For (Total or	5 SPACE is i Independen	less than t) is the l	i 3, enter "3." highest number				priate box				
												•	1	